



*Office of the Medical Examiner
City of St. Louis*

1300 Clark Avenue
St. Louis, MO 63103-2718

Office: 314-622-4971
Fax: 314-622-4933



Gilbert, Nicholas Brian

**CITY-2015-2470
Exam Case**

Post-Mortem Examination

Name of Deceased: Gilbert, Nicholas Brian
Address: , St. Louis, MO
Date/Time of Medical Examiner Notification: 12/8/2015 8:16:56 PM
Date/Time of Pathologist's Examination: 12/8/2016 9:30:00 AM
Date/Time of Pronounced Death: 12/8/2015 7:32:56 PM
Race: White
Sex: Male
Age: 27 years
Date of Birth: 7/20/1988
Manner of Death: Accident
Death Certificate Signed by: Medical Examiner
Investigator: Randall Leon Hays
Pathologist: Jane W Turner, M.D. Assistant Medical Examiner
Depth of Investigation (Investigator): Telephone Only
Depth of Investigation (Pathologist): Complete Autopsy
Police Agency: 4th District - St. Louis Police Department (Complaint No.: 15-062114)

**PLAINTIFF'S
EXHIBIT**

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exhibitsticker.com

External Examination: No clothing is present on the body. The appearance of age is approximately as stated. The body weight is 151 lbs and the body length is 64 inches. The state of preservation is good in this unembalmed body. Rigor mortis is fully developed. Livor mortis is partially fixed and is found on the posterior body surfaces. The body is of normal weight based upon height. The state of preservation is good in this unembalmed body. The abdomen is mildly protuberant. The chest and back are symmetrical with normal conformation. The neck is symmetrical and without masses or unusual mobility. The neck has no external injuries. Both lower and upper extremities are symmetrical throughout. There are injuries of the extremities as will be described below. There are injuries of the face as will be described below. The scalp hair is worn medium length and is brown with changes of gray. A beard and moustache are present. The pupils are round, regular, equal and dilated at 6 mm each. There is mild tache noire of the sclerae. The orbital and periorbital tissues are not remarkable. The conjunctival surfaces are not remarkable. The irides are brown. The teeth are in a poor state of repair. The upper right lateral incisor, upper right canine, left upper canine, bilateral lower canines, and bilateral lower 1st

COPY

premolars show severe decay at the gum line. There are no injuries of the lips or tongue. The vermilion surface of the lower lip appears chapped with some superficial longitudinally oriented cracks. The nose is symmetrical and the air passages are open. The external ears are normal in appearance and without injury. A patent orotracheal airway is in place. An intraosseous catheter has been inserted into the left tibia. A vascular catheter is present on the dorsal aspect of the right hand. There are bilateral needle thoracostomies present. A handcuff is present on the left wrist. Cuffs are present on the bilateral ankles. There is a tattoo of the left upper chest (arch, fleur de lis). There is a tattoo of the upper back ("Ghost"). The hands are dirty. The nails are worn very short.

Injuries: There is evidence of blunt facial trauma. The right brow has a 3 cm laceration with larger surrounding contusion. The right malar eminence has a 4 cm blue contusion. The left brow and temple has a 4.3 cm purple contusion and the left malar eminence has a 2.5 cm purple contusion. Other injuries are present on the body and include a red 4 mm abrasion of the posterior left upper arm, a 7 cm area of diffuse contusion on the dorsal left wrist. The contused area is rosy colored. There is a red-purple 2.5 cm oval contusion of the dorsal aspect of the left hand. The right elbow has scattered red-orange abrasions that range in size from 2 – 3 mm. There are three curvilinear red abrasions on the dorsomedial aspect of the right forearm that range in size from 3 – 5 mm. The dorsal aspect of the right wrist has patterned injury consisting of train-track linear marks associated with handcuffs. The posterior left thigh has a 3.8 cm pink-orange abrasion. The left popliteal fossa has a faint pink contusion that measures 2.8 cm. The left knee has scattered mild abrasions. The right proximal/lower leg has a 1.5 cm abrasion/contusion. The right pretibial area has a 1 cm abrasion/contusion. The dorsal aspect of the right foot has a 3.5 x 6 cm area of scattered purple contusions that average 3 cm. The dorsal aspect of the left foot has scattered purple contusions and an orange abrasions with visible small blood vessels. The distal right calf has a 3 mm red abrasion. There is a 2 mm red abrasion of the right ankle. Both ankles have patterned injuries consisting of curvilinear marks associated with cuffs. The left buttock has a 7 mm curvilinear superficial scratch. Internal examination reveals the presence of fracture of the sternum at the level of the 4th ribs. There is significant connective tissue hemorrhage associated with the fracture. A posterior neck and back dissection reveals the presence of a 2.5 cm area of mild hemorrhage of the soft tissue overlying the left scapula.

Body Cavities: The body is opened with the usual Y-shaped thoracoabdominal and bitemporal scalp incisions. The anterior thoracic musculature and subcutaneous region are not remarkable except for the presence of acute hemorrhage of the soft tissue of the right thorax. This injury measures 3 cm. The peritoneal and pleural cavities show no abnormalities. The retroperitoneum is unremarkable. The pericardial cavity is not remarkable.

Neck Organs: The soft tissue of the neck is free of hemorrhage. The hyoid bone is intact and is well ossified. The glottis, laryngeal and tracheal airways are widely patent. The larynx is normal and is well ossified. The thyroid gland is normal. The parathyroids are not identified.

Mediastinum: The thymus gland is not identified. The mediastinum is normal.

Heart: The heart weighs 360 gm. The left ventricular wall thickness measures 16 mm and the right ventricular wall thickness measures 3 mm. The surface of the heart is smooth,

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glistening and transparent. The wall is of normal consistency. There is a normal amount of subepicardial fat tissue present. The size and contours of the heart are normal. The endocardium, cardiac valves and chambers are not remarkable. The right coronary artery has atherosclerosis with up to 30% stenosis. The left anterior descending coronary artery has atherosclerosis with up to 85% stenosis. The circumflex artery has atherosclerosis with up to 30% stenosis. Portions of the coronary arteries are calcified. The cut surface of the myocardium is the normal reddish brown color.

Vascular System: The aorta and arterial system are not remarkable. The systemic veins are normal.

Lungs: The lungs together weigh 1360 gm. The lungs are free of any injuries. The lungs are congested and edematous. The air passages are normal throughout and are lined by smooth, pink mucosa. The pulmonary arteries are free of abnormalities.

Liver: The liver weighs 1980 gm. It is red-brown and of normal consistency. The cut surface of the liver is normal.

Biliary Tract: The gallbladder and biliary tract are normal and free of stones.

Pancreas: The pancreas is normal in consistency and in appearance.

Gastrointestinal Tract: The entire gastrointestinal tract is examined and found normal. The stomach is essentially empty.

Spleen: The spleen weighs 260 gm and is normal on the surface and cut section.

Lymphatic System: The lymph nodes are normal in size and appearance.

Bone Marrow: The bone marrow is normal.

Adrenals: The adrenals are well supplied with lipid material and are free of hemorrhage, inflammation, and primary and secondary neoplasm. The medullary portions are not remarkable.

Kidneys: The kidneys appear grossly of normal configuration and together weigh 320 gm. The cortex measures 9 mm in thickness. The renal capsules strip with ease to reveal a normally smooth surface. The surface is the usual reddish brown color. There are no abnormalities of the cut surfaces of the kidneys. The papillae, renal pelves and ureters are not remarkable.

Bladder: The bladder contains approximately 150 ml of urine. The wall is entirely normal.

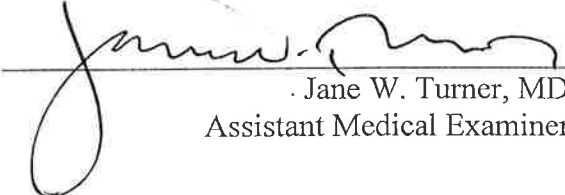
Male Genital System: Unremarkable.

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Cranial Cavity: The reflected scalp shows no evidence of contusion, hematoma, or other lesion. The calvarium and bones at the base of the skull are not remarkable. No fractures or other injuries are present. The dura mater and pia arachnoid and associated spaces are normal in appearance. They are without hemorrhage or evidence of inflammation. The weight of the unfixed brain is 1240 gm. Mild cerebral edema is present. The gyri are of normal distribution and development. No brain injury is detected on careful search. Cut sections of brain substance show symmetry and essentially normal structures throughout. The cerebrovasculature is unremarkable. The ventricular system and spinal fluid are normal. The pituitary gland is grossly normal. The pineal gland is not identified.

Spinal Cord: The upper spinal cord as viewed from the cranial cavity is not remarkable.

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Jane W. Turner, MD
Assistant Medical Examiner

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PATHOLOGIC FINDINGS

- I. Injuries
 - A. Contusions and laceration of face
 - B. Contusions and abrasions of upper and lower extremities
 - C. Soft tissue contusion of left scapular area
 - D. Fracture of sternum
- II. Cardiovascular System
 - A. Heart, left ventricle, mild hypertrophy
 - B. Heart, coronary arteries, moderate to severe atherosclerosis
- III. Central Nervous System
 - A. Brain, cerebral cortex, mild edema
- IV. Respiratory System
 - A. Lungs, acute congestion and edema
 - B. Lungs, emphysema
 - C. Lungs, smoker's bronchiolitis
 - D. Lungs, bronchial asthma

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Microscopic Slide Examination

Heart: The myofibers have hypertrophic changes and there is atherosclerosis of the coronary arteries.

Lungs: The bronchioles have serrated contours, inspissated mucus, homogenized basement membranes, increased goblet cells, smooth muscle hyperplasia, and scattered eosinophils. There is no polarizable material. There are numerous interstitial and intra-alveolar macrophages that contain finely granular ochre pigment. The blood vessels contain occasional lipid droplets. Many alveolar septae are disrupted and there is mild, patchy fibrosis.

Liver: The section of liver is unremarkable.

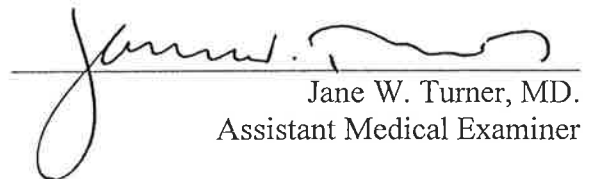
Pancreas: The section is unremarkable

Spleen: There is acute congestion present.

Kidneys: There is focal microcalcification in the medullary tip as well as scattered microcalcifications in tubules elsewhere. There is acute vascular congestion. Arteriosclerosis is present. There are changes of early acute tubular necrosis with sloughed and degenerating tubular epithelium. A few glomeruli are sclerotic and a few others have a thickened Bowman's capsule.

Brain: The sections of cortex, medulla, basal ganglion are unremarkable.

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Case Type: Exam Case

Cause of Death:

Immediate Cause: Arteriosclerotic Heart Disease Exacerbated by Methamphetamine and Forcible Restraint

Manner of Death: Accident

Toxicology Results

Urine: -

Other

Amphetamine	4.4 mcg/ml
MDA	Negative
MDMA	Negative
Methamphetamine	>20 mcg/ml

Urine Cannabinoid Quant

11-Hydroxy-THC	Negative
11-Nor-Delta-9-THC-CooH	31.5 ng/ml
Delta-9-THC	Negative

Blood: -

Blood Alcohol

Acetone	Negative
Ethanol	Negative
Isopropanol	Negative
Methanol	Negative

Blood Cannabinoid Quant

11-Hydroxy-THC	Negative
11-Nor-Delta-9-THC-CooH	Negative
Delta-9-THC	Negative

Blood Drug Screen

Acetaminophen	Negative
Amphetamines	Positive
Antidepressants	Negative
Barbiturates	Negative
Benzodiazepines	Negative
Cocaine/Metabolites	Negative
Fentanyl	Negative
Lidocaine	Negative
Methadone	Negative
Non-Opiate Narcotic Analgesic	Negative
Opiates	Negative
Oxycodone	Negative
Oxymorphone	Negative

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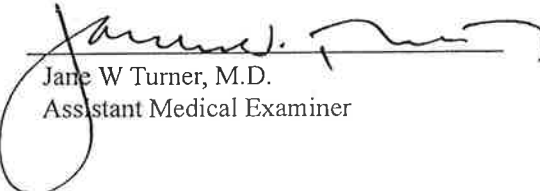
Phencyclidine	Negative
Phenothiazines	Negative
Propoxyphene	Negative
Salicylates	Negative

Other

Amphetamine	0.23 mcg/ml
MDA	Negative
MDMA	Negative
Methamphetamine	9.1 mcg/ml

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Case Status: Closed

CITY-2015-2470

Day: Tuesday

Date: 12/08/2015

Time: 8:16 pm

Case Type: Exam Case

Call Received From: RN Jenna Camp

Phone No.: (314) 577-8000

Notifying Agency/Institution: St. Louis University Hospital

Deceased: Gilbert, Nicholas Brian

Phone No.: Unknown

Race: White

Sex: Male

Age: 27 years

DOB: 07/20/1988

Marital Status: Never Married

SSN: 496-06-6026

Address: 4359 Wilcox

City: St. Louis City

State: MO

Occupation/Industry: Installer

County: City of St. Louis

Zip: 63116

Next of Kin: Gilbert, Brian

Phone No.: 314-457-0569

Address: 4359 Wilcox

City: St. Louis

State: MO

Relationship: Father

County: City of St. Louis

Zip: 63116

Notified: 12/09/2015 01:10 AM

By: Viewed at MEO

Police Agency: 4th District - St. Louis Police Department

Phone No.: (314) 444-2500

Date/Time Called: 12/8/2015 6:35:48PM

Complaint No.: 15-062114

During App/In Cust? Y

	Date	Time	Location	By
Occurred	12/08/2015	06:35 pm	919 N Jefferson Ave, St. Louis, MO 63106 [City of St. Louis (510)]	
Pronounced	12/08/2015	07:32 pm	St. Louis University Hospital, St. Louis, MO 63110 [City of St. Louis (510)] (ER/Outpatient)	Dr. Steven Lorber

Manner of Death: Accident

Injury at Work? No

Type of Death: Alcohol/Meds/Poisons/Drugs; Methamphetamine and Forcibly Restrained

How Injury Occurred: Use of Methamphetamine and was Forcibly Restrained

Premises: Holdover Cell (Jail)

Multiple Deaths Associated with this Incident: No

Activity of decedent: Incarcerated

Depth of Investigation (Investigator): Re-Create Scene

Investigation Type:

Death Certificate Signed By: Medical Examiner

Date Signed: 03/08/2016

Who will sign the Death Certificate at the MEO:

Notifications:

Investigator: _____ Hays, Randall

Pathologist: _____ Turner, Jane

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Pathologist: Turner, Jane

Autopsy Performed? Yes

Date/Time Examination Started: 12/8/2016 09:30 am

Date/Time Examination Finished:

Type of Examination: Complete Autopsy

Location of Examination: City of St. Louis Medical Examiner's Office

Primary Autopsy Technician:

Secondary Autopsy Technician:

Autopsy Photographer: Brown, David

No. of Images Taken: 85.00

Exam Witness (1):

Exam Witness (2):

Exam Witness (3):

Depth of Investigation (Pathologist): Complete Autopsy

Records Requested From:

St. Louis University Hospital

Barnes-Jewish Hospital (South)

Jenna

Mrs. Foster

Phone No.

(314) 577-8000

(314) 362-5000

Requested

12/08/2015

12/08/2015

Received

12/08/2015

12/08/2015

X-Rays Requested: Yes

Case Disposition: Brought in for Examination

General Scene Description: Hospital

Disposition of Body: Burial

Livery Service: Professional Funeral Directors Services, Inc.

When: 12/8/2015 08:33 pm

Body Released: Status: Released Authorized Authorized By: Turner, Jane

When: 12/9/2015 09:30 am

Arrangements Made? Yes

Arrangements Authorized By: Family

Funeral Home: Kutis

Phone No.: 842-4458

Address: 10151 Gravois

Notified By:

Who:

When:

Released By: Hartle, Heather

When: 12/17/2015 08:41 am

Scientifically Identified By: Fingerprints

Where: Medical Examiner's Office

When: 12/9/2015 03:07 pm

Fingerprint Identification:

Fingerprints taken by? Tonina Grozav Dsn 6598

When: 12/9/2015 02:00 pm

Who made the comparison? Tonina Grozav Dsn 6598 (352867)

When: 12/9/2015 03:07 pm

Did it result in a Positive ID? Yes

Remains Visually Identified By:

Who: Brian Gilbert

Date/Time: 12/9/2015 1:10:00AM

Relationship: Father

Address: 4359 Wilcox, St. Louis MO, 63116

Phone No.: 314-457-0569

ICD Code: 414.0

Other forms of chronic ischemic heart disease; Coronary atherosclerosis

Cause of Death:

ICD-9 Time Interval

Immediate Cause: Arteriosclerotic Heart Disease Exacerbated by Methamphetamine
and Forcible Restraint

Other Significant Conditions (1):

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Narrative Report of Investigation

Main Narrative Report:

RN Jenna Camp, Emergency Department at St. Louis University Hospital contacted this investigator at 8:16 PM, 12/08/2015 reporting the "DOA" death of Mr. Nicholas Gilbert, who had been conveyed from the Central Patrol Police Station where he had collapsed this evening at approximately 6:18 PM, 12/08/2015.

RN Camp advised that the deceased was never registered as an unknown or trauma name and officers had accompanied him to the ED from the Central Patrol Station, 919 N Jefferson Ave., with Abbott Ambulance having conveyed the victim.

RN Camp indicated that the detectives advised that next of kin information would be available at a later time and was not currently available.

Mr. Nicholas Gilbert had no prior treatment records at SLUH and arrived in a full arrest. Dr. Steven Lorber declared him lifeless at the indicated time and noted the following injuries:

Laceration to the right eyebrow (2 cm superior 1 cm inferior and lateral)
Very poor dentition with a broken tooth
Bruising to the left dorsum of hand and right wrist (handcuffs in place)
Abrasion to right knee and right tibia
Discoloration to ankles – bilaterally
Abrasion to dorsum of left foot
Abrasion to posterior thigh

RN Camp advised that no laboratory testing was performed and a chest film was obtained to confirm placement of the ET as well as a lateral c-spine while at the ED this evening. The only other procedure performed aside from the resuscitative measures was a bilateral needle chest decompression performed with no obvious air leak.

Staff obtained a body temperature of 100.6 F (38.2 C) at 7:36 PM, 12/08/2015.

An accucheck of the patient's glucose was 323.

I informed RN Camp to please fax the medical records and that I would dispatch a livery to have the remains conveyed to this office, where the detectives would allow the family to view the remains for a positive identification. I subsequently dispatched Professional Funeral Director Services at 8:33 PM, 12/08/2015.

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I contacted the Health Information Management Department at Barnes Jewish Hospital, Mrs. Foster, who confirmed that the deceased had a hospitalization at BJH on 11/5/2011 where he had been burned while at a bonfire and presented to the ED several days after the onset of the burns. The deceased's records were requested via a written (RsMO) request in an attempt to locate any previous medical history for Mr. Gilbert.

The deceased had sustained "flash burns" partial thickness in nature to the face, arm, chest, and abdomen.

A urinalysis was positive for opiates, methamphetamine, and cannabinoids at the time of this hospitalization in 2011.

In speaking with Lt Roger Engelhardt, Dsn 3786 of the Force Investigative Unit of the St. Louis Metropolitan Department who was handling this death as it was an "in custody death". Lt. Engelhardt advised that the deceased was arrested at approximately 1:35 PM, 12/08/2015 and booked for "trespassing" and "occupying a condemn building" said to be 3932 Missouri. This evening a civilian personnel in the 4th District Holdover cells noted that the deceased appeared to be attempting to hang himself using an article of clothing (sweatshirt or sweatpants) at approximately 6:30 PM, 12/8/2015 and alerted officers. Several officers entered the cell and while attempting to place the deceased in ankle restraints and handcuffs the deceased was combative and additional officers attempted to restrain the deceased, while he was on the ground of the cell. Following the successful placement of both ankle restraints and handcuffs the deceased was noted to have become motionless and resuscitative efforts were begun. The SLMPD had already contacted 9-1-1 for the "suicide attempt" and thus the paramedics arrived and conveyed the victim to SLUH.

Lt. Engelhardt stated that at this time there were no leads in contacting the deceased's next of kin, but he would keep our office advised.

The deceased subsequently arrived at this office and was noted to have ankle restraints and handcuffs.

Randall Hays F-ABMDI
Medicolegal Investigator

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